#### POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute the application entitled IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS and to transact all business in the Patent and Trademark Office connected therewith:

HENRY A. MARZULLO, JR., Reg. No. 20,910; HOWARD N. ARONSON, Reg. No. 27,302; and MYRON GREENSPAN, Reg. No. 25,680.

Address all telephone calls to Myron Greenspan, at telephone number (914) 723-4300, or to the attorney executing the last document.

Address all correspondence to LACKENBACH SIEGEL MARZULLO ARONSON & GREENSPAN, P.C. at Penthouse Suite, One Chase Road, Scarsdale, New York 10583 U.S.A.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor Wayne ANDERSON	Citizenship U.S.
RESIDENCE Address – Street  65 Grove Street	POST OFFICE Address – Street (same as residence)
City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date	Signature
Full Name of Second Joint Inventor Paolo CASSUTTI	Citizenship U.S.
RESIDENCE Address – Street  8 North Creek Road	POST OFFICE Address - Street (same as residence)
City (Zip) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date	Signature
Full Name of Third Joint Inventor	Citizenship
RESIDENCE Address Street	POST OFFICE Address Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

<sup>☐</sup> Additional inventors are being named on separately numbered sheets attached hereto.

### UNITED STATES -- PATENT DECLARATION FOR PATENT APPLICATION

Attorney's Docket No.: P-14 CONT/CIP

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS, the specification of which

IMPROVED HAND/SUR	VIVAL T	OOL HAVING MULT	TPLE IMPLEMENTS, the	specification of which
(ch	eck one)	<ul> <li>is attached hereto.</li> <li>i was filed on</li> <li>Application Serial No and was amended on</li> </ul>		
I hereby state that I have rev amended by any amendment			(if applicable) of the above-identified specif	ication, including the claims, a
I acknowledge the duty to on Regulations, §1.56(a).	lisclose inf	Formation which is mater	rial to patentability as define	d in Title 37, Code of Federa
	elow and ha	ve also identified below a	y foreign application for pater	eign application(s) for patent on the patent of the patent
Appln. No.	Count	ry	Date Filed	Priority Claimed
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I hereby claim the be asofar as the subject matter	of each of	the claims of this applic	ation is not disclosed in the pr	s application(s) listed below and
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61XX: 09/237,5

## IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS

# DECLARATION CLAIMING SMALL ENTITY STATUS

[37 CFR 1.9(f) and 1.27(C)]

### INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled

Patent and Trademark Office with regard to the invention entitled IMPROVED HAND/SURVIVAL TOOL HAVING MULTIPLE IMPLE described in X the specification filed herewith x Application serial no. 09/237,557 , filed on 1/26/99 , issued on Patent No. I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 19(d) or a nonprofit organization under 37 CFR 1.9(e). Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below: no such person, concern, or organization persons, concerns, or organizations listed below.\* Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR X INDIVIDUAL DISINESS CONCERN FULL NAME: <u>\_\_\_\_</u> □ NONPROFIT ORGANIZATION L ADDRESS: ☐ INDIVIDUAL FULL NAME: ☐ SMALL BUSINESS = CONCERN -ADDRESS: □ NONPROFIT ORGANIZATION F .... ☐ INDIVIDUAL FULL NAME: ☐ SMALL BUSINESS CONCERN == A COMMAN ☐ NONPROFIT ORGANIZATION Lacknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)) I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified declaration is directed. NAME OF INVENTOR NAME OF INVENTOR NAME OF INVENTOR SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR Wayne Anderson DATE

LACKENBACH SIEGEL MARZULLO ARONSON & GREENSPAN, P.C.

DATE

SE-B-1

### **POWER OF ATTORNEY**

and/or agent(s) to prosecute the application entitled IMPROVED AND/SURVIVAL TOOL HAVING MULTIPLE IMPLEMENTS and to transact all business in the Patent and Trademark Office connected therewith:

HENRY A. MARZULLO, JR., Reg. No. 20,910;

HOWARD N. ARONSON, Reg. No. 27,302; and MYRON GREENSPAN, Reg. No. 25,680.

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Full Name of First or Sole Inventor Wayne ANDERSON	Clitizenship U.S.
RESIDENCE Address - Street 65 Grove Street	POST OFFICE Address – Street (same as residence)
City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date 3-12-99	Signature Walful (Mullips
Full Name of Second Joint Inventor Paolo CASSUTTI	Citizenship U.S.
RESIDENCE Address – Street  8 North Creek Road	POST OFFICE Address - Street (same as residence)
City (ZIp) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date 3-12-99	Signature Paolo Caresuro,
Full Name of Third Joint Inventor	Citizenship
RESIDENCE Address - Street	POST OFFICE Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

 $\square$  Additional inventors are being named on separately numbered sheets attached hereto.

Attorney's Docket No.: P-14 CONT/CIP

As a below-named inventor, I hereby declare that:

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, -h		and was amended on
		(if applicable)
	I have reviewed and mendment referred to	understand the contents of the above-identified specification, including the claims, as above.
I acknowledge the Regulations, §1.56		formation which is material to patentability as defined in Title 37, Code of Federal
", ", - 174", "	2.4	
I hereby claim for	eian priority henefits	under Title 35. United States Code, \$110 of any foreign application(s) for natest or

inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: The state of the s

Prior Foreign Application(s):

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Appln. No.	Country	Date Filed	Priority Claimed
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Description of the second of t			□ YES □ NO
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Thereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Appln. Serial No.	Filing Date	Status: Patented, Pending, Abandoned
08/904,666	August 1, 1997	☐ Patented ☑ Pending ☐ Abandoned
08/451,398	May 26, 1995	☑ Patented ☐ Pending ☐ Abandoned
08/620,471	March 22, 1996	☐ Patented ☑ Pending ☐ Abandoned

#### UNITED STATES -- PATENT DECLARATION FOR PATENT APPLICATION

Attorney's Docket No.: P-14 CONT/CIP

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I hereby claim the	benefit under T	itle 35, United S	tates Coo	le, §120 of any	United States	application(s	s) listed be	elow and,
insofar as the subject ma	tter of each of th	e claims of this	applicati	on is not disclo	sed in the pr	ior United St	ates appli	ication in
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Full Name of First or Sole Inventor  Wayne ANDERSON	Citizenship U.S.
RESIDENCE Address - Street 65 Grove Street	POST OFFICE Address - Street (same as residence)
City (Zip) Northport	City (Zip)
State or Country New York 11729 U.S.A.	State or Country
Date / 3-12-99	Signature Alle William
Full Name of Second Joint Inventor Paolo CASSUTTI	Cittzenship U.S.
RESIDENCE Address – Street  8 North Creek Road	POST OFFICE Address - Street (same as residence)
Çily (Zip) Northport 11729	City (Zip)
State or Country New York, U.S.A.	State or Country
Date 3-12-99	Signature 1 00 lo (mesuil;
Full Name of Third Joint Inventor	Cittzenship
RESIDENCE Address - Street	POST OFFICE Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date	Signature

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or: <u>IMPROVED HAND/SURVIVAL TOOL H</u>	IAVING MULTIPLE IMPLEMENTS
[37 CFR 1.9(f	G SMALL ENTITY STATUS f) and 1.27(C)] NT INVENTOR
As a below named inventor, I hereby declare t	that I qualify as an independent inventor as defined in der section 41(a) of Title 35, United States Code, to the ention entitled
escribed in	HAVING MODIT DE IM DEMENTS
X the specification filed herewith Application serial no. Patent No.	, filed on , issued on I am under no obligation under contract or law to assign, grant,
onvey or license, any rights in the invention to any person who of 9(c) if that person had made the invention, or to any concern wold) or a nonprofit organization under 37 CFR 1.9(e).	could not be classified as an independent inventor under 37 CFR which would not qualify as a small business concern under 37 CFR ssigned, granted, conveyed, or licensed or am under an obligation
persons, concerns, or organizations listed belo	DW.* ganization having rights to the invention averring to their status as small entities. (37 CFR
ADDRESS:	X INDIVIDUAL  SMALL BUSINESS CONCERN  NONPROFIT ORGANIZATION
ADDRESS:	☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION
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small entity status prior to paying, or at the time of paying, the ethich status as a small entity is no longer appropriate. (37 CFR 1  I hereby declare that all statements made herein of my own elief are believed to be true; and further that these statements were a made are punishable by fine or imprisonment, or both, under Sec	at, notification of any change in status resulting in loss of entitlement earliest of the issue fee or any maintenance fee due after the date on .28(b))  a knowledge are true and that all statements made on information and e made with the knowledge that willful false statements and the like ction 1001 of Title 18 of the United States Code, and that such willful patent issuing thereon, or any patent to which this verified declaration
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NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
SIGNATURE OF INVENTOR	/ / SIGNATURE OF INVENTOR	SIGNATURE OF INVENTOR
Wayne Anderson & Republic	Mell Paolo Cassutti Paolo (-	nstaili
1 3-12-99	<u> </u>	
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